



**CITY OF COLUMBUS
DIVISION OF SEWERAGE AND DRAINAGE
FATS, OILS and GREASE (FOG)
BEST MANAGEMENT PLAN (BMP)
FOOD SERVICE OPERATIONS**

Facility Name: _____

Address: _____

The BMP must be maintained on-site and available for review upon request:

(Follow attached instructions and use extra sheets if necessary)

1) List FOG sources: Handling/cleaning practices to minimize discharge of FOG:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2) Additional practices to minimize FOG discharges or buildup in sewer lines:

3) List routine inspection and maintenance procedures of the grease interceptor or grease trap:

4) Attach a copy of the Operations and Maintenance procedures for the grease trap(s) or grease interceptor(s). Explain how cleaning frequency will be determined:

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION IN THIS BEST MANAGEMENT PLAN FOR FATS, OILS, AND GREASE REDUCTION AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

Authorized Representative Signature

Title

Date



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GREASE TRAP/INTERCEPTOR CLEANING LOG

**Record of volume of grease removed (not total volume of liquid removed)
MAKE EXTRA COPIES OF THIS FORM FOR FUTURE USE**

Date Cleaned	Gallons of Grease Removed	Grease Trap/Interceptor Condition Mark satisfactory or unsatisfactory (If unsatisfactory, indicate action taken to correct)
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____
4.) _____	_____	_____
5.) _____	_____	_____
6.) _____	_____	_____
7.) _____	_____	_____
8.) _____	_____	_____

NOTE: ON-SITE COPY OF BMP AND GREASE TRAP/INTERCEPTOR CLEANING LOG IS SUBJECT TO REVIEW BY THE HEALTH DEPARTMENT OR BY THE DIVISION OF SEWERAGE AND DRAINAGE UPON REQUEST.

RETAIN THIS RECORD IN A PERMANENT LOG BOOK FOR A MINIMUM OF 3 YEARS

CERTIFICATION STATEMENT*

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Authorized Representative Signature

Title

Date

***Authorized representative signs and dates when form is completed**